

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Home Infusion Therapy Providers
Parenteral Nutrition Therapy Providers
Managed Care Plans

Memorandum No: 05-79 MAA
Issued: August 12, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For information, call:
1-800-562-3022

Subject: Home Infusion Therapy/Parenteral Nutrition Program: Fee Schedule Updates

Effective for dates of service on and after September 1, 2005, the Medical Assistance Administration (MAA) has revised the maximum allowables for gloves in the current *Home Infusion Therapy/Parental Nutrition Program Billing Instructions*.

Fee Schedule Changes

Procedure Code	Description	NH Per Diem?	Maximum Allowable
A4927	Gloves, nonsterile, per box of 100.	Y	\$6.55
A4930	Gloves, sterile, per pair.	Y	\$0.60

Bill MAA your usual and customary charge.

Billing Instructions Replacement Pages

Attached are updated replacement pages E.7–E.8 for MAA’s current *Home Infusion Therapy/Parenteral Nutrition Program Billing Instructions*.

How can I get MAA’s provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
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Miscellaneous Infusion Supplies

<ul style="list-style-type: none"> Reimbursement is limited to a one-month's supply. 			
A4927	Gloves, nonsterile, per box of 100. 1 unit = box of 100; Units exceeding 9 per month require prior authorization effective with dates of service on and after July 1, 2005.	Y	\$ 6.55 <i>Effective for dates of service on and after 09/01/05</i>
A4930	Gloves, sterile, per pair.	Y	0.60 <i>Effective for dates of service on and after 09/01/05</i>
E1399	Sharps disposal container for home use, up to 1 gallon size; each. Maximum of 2 allowed per client per month. Must bill using EPA code 870000855. See page D.2.	Y	3.85
E1340	Repair or nonroutine service, for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. Must submit invoice with claim.	N	17.43
E1399	Equipment repair, parts. Must bill using EPA code 870000857. See page D.2. Must submit invoice with claim.	N	B.R.
E1399	10 quart chemotherapy waste container. 1 per client per week. Must bill using EPA code 870000858. See page D.2.	Y	7.18
B9999	No other code for parenteral supplies. Requires prior authorization. SEE INSTRUCTIONS ON NEXT PAGE.	N/A	B.R.

Miscellaneous Parenteral Supply Procedure Code B9999

Miscellaneous procedure code B9999 requires prior authorization. In order to be reimbursed for B9999, you must **first** complete the attached DSHS 13-721 form and fax the form to MAA for review and approval. Keep a copy of your request in the client's file.

To download this form, go to: <http://www1.dshs.wa.gov/msa/forms/eforms.html>


Do not submit claims using HCPCS code B9999 until you have received an authorization number from MAA indicating that your bill has been reviewed and approved.

Include the following supporting documentation with your fax for approval:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of primary piece of equipment and whether the equipment is rented or owned;
- Invoice;
- Prescription; and
- Explanation of client-specific medical necessity.

Make copies of the attached form and mail/fax to:

Medical Assistance Administration
Home Infusion Therapy/Parenteral Nutrition Program
PO Box 45506
Olympia, WA 98504-5506
FAX: (360) 586-1471

 **See Justification for Use of Miscellaneous
Parenteral Supply Procedure Code (B9999) form
[DSHS 13-721]
on next page...**